

2019/20 Quality Improvement Plan for Ontario Long Term Care Homes
"Improvement Targets and Initiatives"



John Noble Home 97 MOUNT PLEASANT STREET

AIM		Measure								Change					
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments	
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Efficient	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2017 – September 2018	51011*	20.94	15.00	Target represents improvement over local data		1) Educate Registered staff on triage assessment triangle used to assist registered staff triaging non-urgent to urgent cases for	Nurse Lead Outreach Team to visit weekly and provide one to one education to registered staff regarding resident medical issues, improving assessment skills for early recognition of conditions and timely interventions prior to need for medical transfer	Nurse Lead Outreach Team will interact with registered staff on two home areas weekly	The home strives to achieve the best possible outcome for our residents. Our goal is have a	
											2) Analysis of current data to understand residents who are frequent users of ED services and track trends	Quality Coordinator will trend ED visits monthly tracking root cause for transfer	Quality Coordinator will review Emergency Department visits through daily report and attending daily huddle	100% of emergency departments are tracked and trends identified monthly	
											3) Increase communication between Registered staff, medical personnel and residents/ families	Create a decision pathway for use by registered staff to ensure communication flows to all necessary members of the care team to ensure the most appropriate transfers occur	Quality Coordinator will create a decision pathway with the assistance of Nurse Practitioner and Nurse Led Outreach team	Quality Coordinator to educate and audit use of decision pathway for one	
											4) ED visits discussed at Senior management Quality improvement meetings and Nurse practice meetings to increase awareness, identify	Trends and number of ED visits to be discussed and analyzed at Quality improvement meetings and Nurse Practice meetings as a regular agenda item	Number of meetings ED visits discussed	ED visits discussed quarterly with nurses and senior management	
Theme II: Service Excellence	Patient-centred	Percentage of complaints received by a LTCH that were acknowledged to the individual who made a complaint within 10 business days.	P	% / LTC home residents	Local data collection / Most recent 12-month period	51011*	95	98.00	Target based on internal data collection and trending		1) Education to managers and Registered staff regarding the complaint process	Quality Coordinator will review complaint process and policy with registered staff, and managers through one on one instruction and focus meetings	Number of staff reviewing policy	90% of Registered staff and managers reviewing complaint policy and procedure	
											2) Complaint log to be entered by Quality Coordinator. Managers receiving complaints will be alerted prior to 10 business	Quality Coordinator will receive a copy of all complaints and resolutions. If complaint has not been addressed prior to 8 business days, Quality Coordinator will notify manager. Quality Coordinator will audit complaint log quarterly and trend results. Follow-up to concerns in	Number of complaints received that are responded to in a timely fashion, number of reminders given to managers.	100% of complaints are audited for timeliness	
											3) Provide an open door policy and regular management walkabouts	Senior management provide regular walkabouts to all units, encouraging dialogue and listening to resident concerns, both scheduled and spontaneous	Resident Care Coordinator to provide walkabout schedule to Senior management team	Senior managers engage in quality walkabout weekly	
		Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	51011*	CB		Target based on improvement over previous years surveys and trends		2) Open dialogue of this indicator during care conferences.	Residents and family members given the opportunity to discuss the quality of how staff listen to them as an agenda item in care conferences. Responses are documented and followed up	Resident Care Coordinator to record family responses to how staff listen at care conferences, engage in dialogue and follow up with any concerns	Question discussed at all annual care conferences held throughout the year	
											3) Provide education to staff regarding empathy, communication and listening skills	Through surge learning staff are assigned education regarding customer service, communication and listening skills	Number of staff completing education	100% of all staff will complete education	

		Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHCAHPS)	P	% / LTC home residents	In house data, NHCAHPS survey / April 2018 - March 2019	51011*		95.00	Target based on improvement over previous years surveys and trends		1)Implement a Community Advisory Committee that includes residents, substitute decision makers, staff and community 2)Continue to offer a Caregivers Support Group to offer ongoing education and information related to the John Noble Home.	Quality Coordinator will continue to develop a community advisory committee which will meet quarterly. Input will be gathered on each agenda item and circulated to the Senior Management Committee. Ideas implemented will be reported back to the The Social Service Worker will conduct monthly meetings with family members to provide support, generate networking opportunities. Education sessions will be held quarterly during the group to provide information.	Minutes from quarterly Community Advisory Committee meetings come to Senior management. A survey of advisory committee members will be conducted by the Quality Coordinator regarding meeting process and effectiveness The group will be advertised on the Happenings at Home newsletter quarterly, on the JNH television monthly and through posters. Education sessions will also be posted. A survey of group effectiveness will be conducted	Three Community Advisory meetings held during the year A minimum of four family members attending each session. Positive response to survey	
Theme III: Safe and Effective Care	Effective	Proportion of long-term care home residents with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.	P	Proportion / at-risk cohort	Local data collection / Most recent 6-month period	51011*	CB	99.00	Target based on internal data collection and best practice guidelines		1)Residents with a progressive, life-threatening illness will be invited to an interdisciplinary meeting to discuss plan of care and	Nurse Practitioner to coordinate interdisciplinary meeting with residents and family members at time of diagnosis	Number of meetings held with residents with progressive life-threatening illnesses	95% of residents with progressive, life-threatening illnesses attend meeting	The home is implementing the Best Practice Guideline for Assessment and
											2)Validated Palliative assessment tool done on every new admission, annually and with deterioration in condition	Registered staff will complete the validated palliative assessment tool with every new admission, annually and upon deterioration of condition	number of palliative assessments completed, number of assessments audited by RAI Coordinator during MDS audits	100% of residents with a progressive, life-threatening illness to receive a validated	
											3)Communication at End of Life training to Personal Support Workers	Registered staff educator will educate Personal Support workers on communication at end of life	Registered staff educator will educate personal support workers in small groups and one on one on communication at end of life	Registered staff educator will hold two, two day sessions for small groups, as well on-	
											4)Provide education regarding palliative care information to substitute decision makers and families	The Medical Director will hold a 'Fireside Chat' providing information regarding palliative care, assessments, options for treatment and resources available	Information sessions will be held quarterly and will be posted in the Happenings at Home Newsletter, JNH TV, and posted throughout the home. An evaluation will be conducted after each session for effectiveness.	10 family members attending each session. Positive feedback from survey	